2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # F96000005500

1. Entity Name
TELE-MEDIA CORPORATION OF DELAWARE

Principal Place of Business	Mailing Address
320 WEST COLLEGE AVENUE PLEASANT GAP, PA 16823	P.O. BOX 5301 PLEASANT GAP, PA 16823

04262005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
51-0279855
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	CD
NAME	TUDEK, ROBERT E
STREET ADDRESS	320 WEST COLLEGE AVENUE
CITY-ST-ZIP	PLEASANT GAP, PA 16823
TITLE	P
NAME	SWAIN, TONY S
STREET ADDRESS	320 WEST COLLEGE AVE.
CITY-ST-ZIP	PLEASANT GAP, PA 16823
TITLE	T
NAME	STEMLER, ROBERT D
STREET ADDRESS	804 JACKSONVILLE RD
CITY-ST-ZIP	BELLEFONTE, PA
TITLE	V
NAME	SHORE, RICHARD W
STREET ADDRESS	320 WEST COLLEGE AVENUE
CITY-ST-ZIP	PLESANT GAP, PA
TITLE	V
NAME	WOLANSKI, THOMAS T
STREET ADDRESS	320 WEST COLLEGE AVENUE
CITY-ST-ZIP	PLEASANT GAP, PA 16823
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/03/05-80120-016 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Thomas T. Wolanski Vice-President of Tax Affairs 4/28/05 (814) 359-3481
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
THOMAS T. WOLANSKI
Date Daytime Phone #